

May 29, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

20 hours of work conditioning.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Partially Overturned (Agree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX who was injured on XXXX. The patient was XXXX and felt immediate pain in left shoulder.

On XXXX, the patient was evaluated by XXXX for left shoulder injury. The patient was diagnosed with left shoulder strain and was recommended over-the-counter (OTC) XX. The patient was referred to an orthopedic surgeon. (The handwritten report is largely illegible).

On follow-up dated XXXX, XXXX noted ongoing arm soreness. The patient was feeling a pop in XXXX shoulder when XXXX moved it in certain ways. The patient reported pain in the shoulder if XXXX gripped something. The patient was recommended continuing XX and XX.

No records are available from XXXX.

On XXXX, the patient underwent a magnetic resonance imaging (MRI) of the left shoulder at XXXX. The study showed thinning, edema and poor definition of a 2 x 2 cm area of the anterior and mid humeral insertion site of the supraspinatus tendon suggesting mild to moderate partial thickness tear. Associated small pinhole full thickness component could not be entirely excluded. The long head of the biceps tendon could not be confidently localized and may have subluxed medially. The bicipital groove appeared to be largely empty with the exception of a trace amount of fluid. There was mild subdeltoid bursitis.

On XXXX, the patient was seen by XXXX, for left shoulder pain rated at 4/10. X-rays of the left shoulder were negative for fracture or dislocation. XXXX diagnosed other specific joint derangements of the left shoulder. XXXX referred the patient to an orthopedic surgeon.

On XXXX, XXXX, evaluated the patient for left shoulder complaints. The patient reported XXXX original date of injury was in XXXX. XXXX never had an MRI and never did physical therapy (PT). The pain had never resolved. The patient was working on a XXXX on XXXX, and had a lot more pain in the left shoulder. The patient had constant pain that was worse with activities. The patient had night pain as well as difficulty with overhead activities and weakness in the left upper extremity. XXXX reviewed MRI of the left shoulder from XXXX. On exam, the left shoulder had positive impingement sign and Neer's and Hawkin's tests. The patient had painful arc of range of motion (ROM) from 120 to 170 degrees of forward flexion. The patient had pain with cross-body adduction. XXXX diagnosed left shoulder impingement and left shoulder impingement bursitis. XXXX treated the patient with left shoulder steroid injection and recommended PT and light duty.

Per XX dated XXXX, XXXX opined the patient had reached clinical maximum medical improvement (MMI) as of XXXX, without any permanent impairment rating.

On XXXX, XXXX started the patient on XX.

On XXXX, XXXX noted the patient continued to have some popping and catching in the left shoulder with activities. The patient had improvement in symptoms after the steroid injection. XXXX recommended continuing XX and PT. The patient was recommended light duty and was provided XX for home exercise program (HEP).

On XXXX, XXXX, performed a designated doctor evaluation and opined the patient was not at MMI. Further Official Disability Guidelines (ODG) recommended treatment might include a chronic pain program, surgical intervention directed towards the left shoulder impingement and rotator cuff tear. Steroid injection and PT did not significantly improve the left shoulder pain, functional use and muscle weakness. XXXX felt the patient had never fully recovered from XXXX, work-related injury and had not returned to work since XXXX. The anticipated MMI date was XXXX.

On XXXX, XXXX noted PT was denied. The patient continued to have symptoms of the left shoulder. XXXX performed steroid injection to the left shoulder, ordered PT and recommended continuing XX.

On XXXX, XXXX evaluated the patient in a follow-up. The patient continued to have pain and weakness. XXXX recommended left shoulder arthroscopy with subacromial decompression, distal clavicle excision and limited debridement versus rotator cuff repair.

On XXXX, XXXX performed left shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression, arthroscopic distal clavicle excision and arthroscopic limited debridement of the rotator cuff and labrum.

On XXXX, XXXX noted the incisions were clear, dry and intact. XXXX discontinued sutures and recommended PT. On XXXX, XXXX started XX.

From XXXX, the patient attended PT at XXXX.

On XXXX, XXXX evaluated the patient in a follow-up. The patient was nine weeks status post left shoulder surgery. The patient had seven PT visits left. The patient was recommended finishing the PT visits and then starting work conditioning. The patient was recommended light duty with desk work only. XXXX prescribed XX and XX.

On XXXX, XXXX noted the patient was three months status post-surgery. On exam, there was full passive ROM of the left shoulder. The patient had mild weakness with 4/5 strength. XXXX noted the

request for work conditioning had been denied. They wanted a functional capacity evaluation (FCE) first and then the patient could do work conditioning. XXXX recommended FCE.

On XXXX, the patient underwent FCE at XXXX. The FCE was terminated due to blood pressure being over the acceptable resting level. The physical demand level (PDL) was not determined.

On XXXX, XXXX noted the patient was taking losartan for XXXX blood pressure and the blood pressure was now under control. XXXX opined the patient was now able to get the FCE.

On XXXX, the patient underwent an FCE at XXXX. The patient qualified for a medium PDL. The patient did not demonstrate the ability to meet the physical demand required at XXXX job. The patient demonstrated ability to occasionally lift up to 40 pounds from floor to waist and 25 pounds from waist to shoulder. The patient could carry up to 30 pounds, push 50 pounds and pull 60 pounds of force.

On XXXX, an unknown physician requested for WCP.

On XXXX, the request for 40 hours of WCP program between XXXX was authorized.

On XXXX, the patient was evaluated at XXXX. The evaluator noted the patient was approved for 40 hours of work conditioning.

On XXXX, the patient was evaluated at XXXX. It was noted the patient noted an improvement in the shoulder ROM and strength, however, deficits in both still remained. The patient demonstrated a consistent work effort and appropriate progress in strength due to postoperative status. The patient continued to demonstrate decreased grip strength and decreased ability to use XXXX left arm when performing functional activities due to lack of strength. Pain and soreness in the shoulder had increased with increased workload throughout the work conditioning program. Initially when starting the work conditioning (after insurance approval), the patient's blood pressure was too high to start and XXXX required a few days to see XXXX doctor and start new medication in order to participate in work conditioning safely. This is why the patient was able to complete 27.5 of the 30 hours. The evaluator opined the patient would benefit from additional work conditioning to continue to progress strengthening activities and allow for return to work safely.

On XXXX, XXXX evaluated the patient in a follow-up. XXXX noted the patient had 9/10 work conditioning appointments. The patient had improved strength but was still having some weakness and needed more work conditioning. Examination of the left shoulder showed good passive ROM and improved strength. XXXX recommended continuing light duty with no lifting greater than 10 pounds and continuing work conditioning and strengthening exercises.

On XXXX, request was submitted for 20 hours/5 visits of work conditioning program.

Per utilization review dated XXXX, the request for 20 hours of work conditioning program between XXXX was denied based on the following rationale: *"Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced below, this request is non-certified. The patient had completed 9 out of 10 sessions or 27.5 hours of the 30 hours of work conditioning program on XXXX. Exceptional factors were not identified to warrant re-enrollment to the program."*

Per correspondence dated XXXX, XXXX was notified about the denial.

Per reconsideration review dated XXXX, the request for 20 hours of work conditioning program between XXXX was denied based on the following rationale: *"Based on the clinical information*

submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is not certified. Per evidence-based guidelines, work conditioning program amounts to an additional series of intensive PT visits required beyond a normal course of PT, primarily for exercise training or supervision and 10 visits over four weeks, equivalent to up to 30 hours. The patient had completed 9 out of 10 sessions or 27.5 hours of the 30 hours of work conditioning program on XXXX. Guidelines further state that upon completion of a rehabilitation program (e.g. work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Exceptional factors were still not identified to warrant re-enrollment to the program.”

Per correspondence dated XXXX, XXXX was notified about the denial.

On XXXX, XXXX evaluated the patient in a follow-up on left shoulder. The patient was working with PT to get XXXX full strength back. The patient was able to meet XXXX medium demands per XXXX last FCE. The patient could not meet XXXX heavy work requirements at that point. The patient was having some weakness in the left shoulder and was having issues with endurance. The patient was unable to return to full duty position. The patient was currently getting set up for an IRO for overturning the denial for work conditioning. Examination of the left shoulder showed full passive ROM. There was mild weakness. The exam showed healed portal incisions. XXXX diagnosed healing of the left shoulder status post rotator cuff repair. XXXX recommended continuing light duty work with 20-pound weight restrictions for the left upper extremity. The patient was provided XX for HEP for continued strengthening and ROM exercises. XXXX recommended follow-up in four weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the medical records the individual had completed 27.5 of the approved 40 hours with improvement. The other 12.5 hours were not completed due to high blood pressure. It is my opinion and based on ODG and the prior approval completing the 12.5 hours is reasonable and medically necessary. Therefore, the decision is partially overturned to allow the completion of the remaining 12.5 hours.

X Medically necessary for partial overturning the decision.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES